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RULE				

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** CONTINUING DATA *****

This application is a CON of 10/186,805 07/01/2002 PAT 7,033,380 which is a DIV of 09/883,691 06/18/2001 PAT 6,432,123
which is a DIV of 09/474,416 12/29/1999 PAT 6,319,271
which claims benefit of 60/114,170 12/30/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

04/28/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 4	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Jan 28/2004</u> Examiner's Signature Initials				

ADDRESS

23643

TITLE

Soft tissue locking device

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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